

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>05/26/05</u>		2 Serial/Patent # <u>10/518891</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
	Filing		6 AMOUNT							
	Amendment		\$							
	Extension of Time		\$							
	Notice of Appeal/Appeal		\$							
	Petition		\$							
	Issue		\$							
	Cert of Correction/Terminal Disc.		\$							
	Maintenance		\$							
	Assignment		\$							
	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$								
		8 TO BE REFUNDED BY:								
		Treasury Check								
10 REASON:		Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	Overpayment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> </tr> </table>		0	2	--	0	3	8	5
0	2			--	0	3	8	5		
	Duplicate Payment									
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>National Stage Processing</u>		TITLE: _____								
SIGNATURE: _____		PHONE: <u>273-308-9140-206</u>								
OFFICE: <u>(703) 305-6421</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>05/26/05</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*